

**FLAG REQUEST FORM**

**Date:**

**Name:**

**Address:**

**City/State/Zip:**

**Phone (Day): (Evening):**

**To Be Sent To:**

**Address (if different from above):**

**City/State/Zip:**

**Date To Be Flown: Date Needed By:**

**Occasion:**

**Certificate To Read:** This is to certify that the accompanying flag was flown over the United States Capitol on \_\_\_\_\_ (date) for

\_\_\_\_\_ (person's name(s) and/or organization), at the request of the Honorable Lynn Woolsey, Member of Congress.

\*\*\*\*\*  
\*\*\*\*\*

Flag Flag Flying Franking Total  
Type Price Fee Fee Price Quantity

Nylon 3x5 \$9.00 + \$4.05 + \$3.20 = \$16.25 X \_\_\_\_\_ = \_\_\_\_\_  
Nylon 4x6 \$13.50 + \$4.05 + \$3.20 = \$20.75 X \_\_\_\_\_ = \_\_\_\_\_  
Nylon 5x8 \$18.00 + \$4.05 + \$3.20 = \$25.25 X \_\_\_\_\_ = \_\_\_\_\_  
Cotton 3x5 \$9.25 + \$4.05 + \$3.20 = \$16.50 X \_\_\_\_\_ = \_\_\_\_\_  
Cotton 5x8 \$20.00 + \$4.05 + \$3.20 = \$27.25 X \_\_\_\_\_ = \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

If you do not wish the flag to be flown, you may deduct the flying fee from the total price. If you plan to pick up the flag at my D.C. office, you may deduct the franking fee from the total price.

Checks must be payable to: **Office Supply Account CA0631**  
Please return this form and your check to:

**The Honorable Lynn Woolsey  
Attn: Flag Coordinator  
2263 Rayburn HOB  
Washington, DC 20515**